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PTO/SB/21 (09-04)

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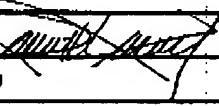
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| TRANSMITTAL FORM | |
| (To be used for all correspondence after initial filing) | |
| Total Number of Pages in This Submission | 3 pgs. |
| Attorney Docket Number | 00970.0009-US-01 |

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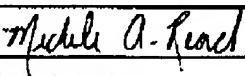
| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter (1 page) <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Altera Law Group, LLC | | |
| Signature |  | | |
| Printed name | David H. Carroll | | |
| Date | January 5, 2005 | Reg. No. | 29,903 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | Michele A. Read |
| Date | January 5, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04-2)

Approved for use through 07/31/2006, OMB 0651-0232
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete If Known

| | |
|----------------------|------------------|
| Application Number | 10/611,447 |
| Filing Date | July 1, 2003 |
| First Named Inventor | David M. Giorgi |
| Examiner Name | Ida M. Soward |
| Art Unit | 2822 |
| Attorney Docket No. | 00970.0009-US-01 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-1038 Deposit Account Name: Altera Law Group, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|---------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$)**Fee Paid (\$)**

- 20 or HP = X =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)**Fee Paid (\$)**

- 3 or HP = X =

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)**Fee Paid (\$)**

- 100 - / 50 = (round up to a whole number) X =

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

SUBMITTED BY

| | | | | | |
|-------------------|------------------|--------------------------------------|-----------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 29,903 | Telephone | (952) 253-4135 |
| Name (Print/Type) | David H. Carroll | Date | January 5, 2005 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APPLICATION SERIAL NO. 10/611447

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David M. Giorgi, et al.

Examiner: Ida M. Soward

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Serial No.: 10/611447

Group Art Unit: 2822

Filed: July 1, 2003

Docket No.: 00970.0009-US-01

Title: LIGHT ACTIVATED SEMICONDUCTOR SWITCHES

CERTIFICATE OF TRANSMISSION: I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE, FAX NO. (703) 872-9306, ON JANUARY 5, 2005.

MICHELE A. READ
NAME OF PERSON SIGNING THIS CERTIFICATE

Michele A. Read
SIGNATURE

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that you advise the undersigned of the present status of the above-referenced application. In addition, please indicate when a communication from the U.S. Patent and Trademark Office may be expected.

Respectfully submitted,

Altera Law Group, LLC
Customer No. 22865

Date: January 5, 2005

By: 

David H. Carroll
Reg. No. 29,903
DHC/mar